

# Foster Family Home - Corrective Action Report

Provider ID: 1-160023

Home Name: Josephine Agarpao, CNA

Review ID: 1-160023-4

94-1076 Awalua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/12/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/12/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(8)- CG#3's blood borne pathogen/infection control training and basic First Aid expired on 1/15/2020; Cardiopulmonary resuscitation training expired on 1/17/2020.

41.(c)- No annual in-service training for CG#3 for the past 12 months.

41.(j)(2)- No available approved substitute caregiver seen in CCFFH home at the start of home inspection.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#3 on Basic Skills Check and Oral Medications for Client #2.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training done by CMA RN for CG#1, CG#2, CG#3, and CG#4 on Nectar Thickened liquids and chopped/soft diet for Client #1.

## Foster Family Home - Corrective Action Report

### Foster Family Home

### Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1's bedroom window is blocked on the outside with clutters, ie old commodes, wheelchair, household items, etc. ; preventing ventilation of fresh air.

### Foster Family Home

### Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a)- CCFFH Admission Policy and Agreement form was not done upon admission of Client #1 to home. Form is blank in CG#1's home binder.

53.(b)(9)- No approved door lock for Client #2's bedroom door and Client #1 and Client #2's bedrooms are both equipped with surveillance camera without written authorization of Client #1/POA and Client #2/POA.

*Shawna Nakamine, RN*

Compliance Manager

*2/12/2020*

Date

*J. [Signature]*

Primary Care Giver

*2/12/20*

Date

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454**

CCFFH Name: Josephine Agarpao  
CCFFH Address: 94-1076 Awalua Street  
Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	CG #3's Blood Borne Pathogen/Infection Control training and Basic First Aid; Cardiopulmonary Resuscitation training was done. It was placed in my home binder.	02/13/20	Document checklist has been established and ensure that certificates are filed in my home binder.
41.(c)	CG #3's annual eight hours in-service training was done. It was placed in my home binder.	02/13/20	Document checklist has been established and ensure that certificates are filed in my home binder.
41.(j)(2)	I have started gathering requirements for my household member to be CTA approved substitute.	03/04/20	Household member is now in the process to be CTA approved substitute. Application already faxed to CTA on 03/04/20.
43.(c)(3)	RN Delegation on Basic Skills Checks and Oral Medications was done for CG#3 by client's CMA. It was placed into the client record.	02/12/20	Home will notify client's CMA that RN delegation needs to be performed within 7 days of an added caregiver to the home. Home has developed a checklist with all due dates.
47.(e)	RN training was done for CG #1, CG #2, CG #3 and CG#4 by client's CMA on Nectar Thickened liquids and chopped/soft diets. It was placed into the client record.	02/13/20	In the future, home will notify client's CMA that RN training needs to be performed to all caregivers within 7 days of client's new special diets.

Primary Caregiver's Signature: \_\_\_\_\_

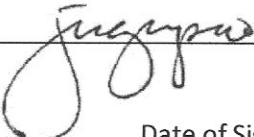
Print Name: Josephine Agarpao

Date of Signature: 03/10/20

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454**

CCFFH Name: Josephine Agarpao  
CCFFH Address: 94-1076 Awalua Street  
Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.(c)(3)	Items blocking client #1's bedroom window was cleared.	02/15/20	In the future, be mindful not to block windows and walkways. Store away items in a storage or dispose of if no longer needed immediately for a clutter free environment.
53.(a)	CCFFH Admission Policy and Agreement form was explained to client #1/POA. A copy was provided to client #1/POA upon signing. Original document was filed in home binder.	02/15/20	In the future, home will make sure client or POA will sign CCFFH Admission Policy and Agreement within 7 days of admission. Form is to be placed immediately on home binder.
53.(b)(9)	Client #2 bedroom door lock has been installed.	02/16/20	Always install and maintain door locks in each bedrooms.
	Surveillance written authorization for Client #1 and Client #2's POA was obtained. It's placed in client's record.	02/27/20	In the future, home will discuss and have written audio/video authorization obtained from client or POA before surveillance is used.

Primary Caregiver's Signature: 

Print Name: Josephine Agarpao Date of Signature: 03/10/20